

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
FEB 09 2016
Bayfield Co. Zoning Dept.

Permit #:	116-0186
Date:	6-2-16
Amount Paid:	\$850
Refund:	2-10-16

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☒ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Bayfield County
Address of Property: 41640 Randyset Rd.
City/State/Zip: Cable, WI 54821
Contractor: Self
Contractor Phone: _____
Plumber: _____
Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Jason Bodine
Agent Phone: 715-373-6114
Agent Mailing Address (include City/State/Zip): 117 E. 5th St, Washburn, WI 54891
City/State/Zip: Washburn, WI 54891
Cell Phone: 373-6114
Written Authorization Attached: ☐ Yes ☐ No

PROJECT LOCATION: NW 1/4 SE 1/4, NE 1/4
Legal Description: (Use Tax Statement)
PIN: (23 digits) 04-018-2-43-07-30-1
03-000-10000
Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 30, Township 43 N, Range 7 W
Town of: Cable
Lot Size: _____
Acreage: 10 of 80

☐ Shoreland ☒ Non-Shoreland
Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? ☐ Yes ☒ No
If Yes—continue →
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$25,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/AAlteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: _____
Length: _____ Width: _____
Length: _____ Width: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Camping unit (Yurt)	120 ft diam	314 ft²
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	()	()
<input type="checkbox"/> Residential Use	with a Porch	()	()
<input type="checkbox"/> Commercial Use	with (2nd) Deck	()	()
<input checked="" type="checkbox"/> Municipal Use	with Attached Garage	()	()
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Addition/AAlteration (specify)	Accessory Building (specify)	()	()
<input type="checkbox"/> Accessory Building Addition/AAlteration (specify)	Special Use: (explain)	()	()
<input type="checkbox"/> Conditional Use: (explain)	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 1-29-16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____ Attach _____
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1200 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	577 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	3320 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	4150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1280 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	20 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

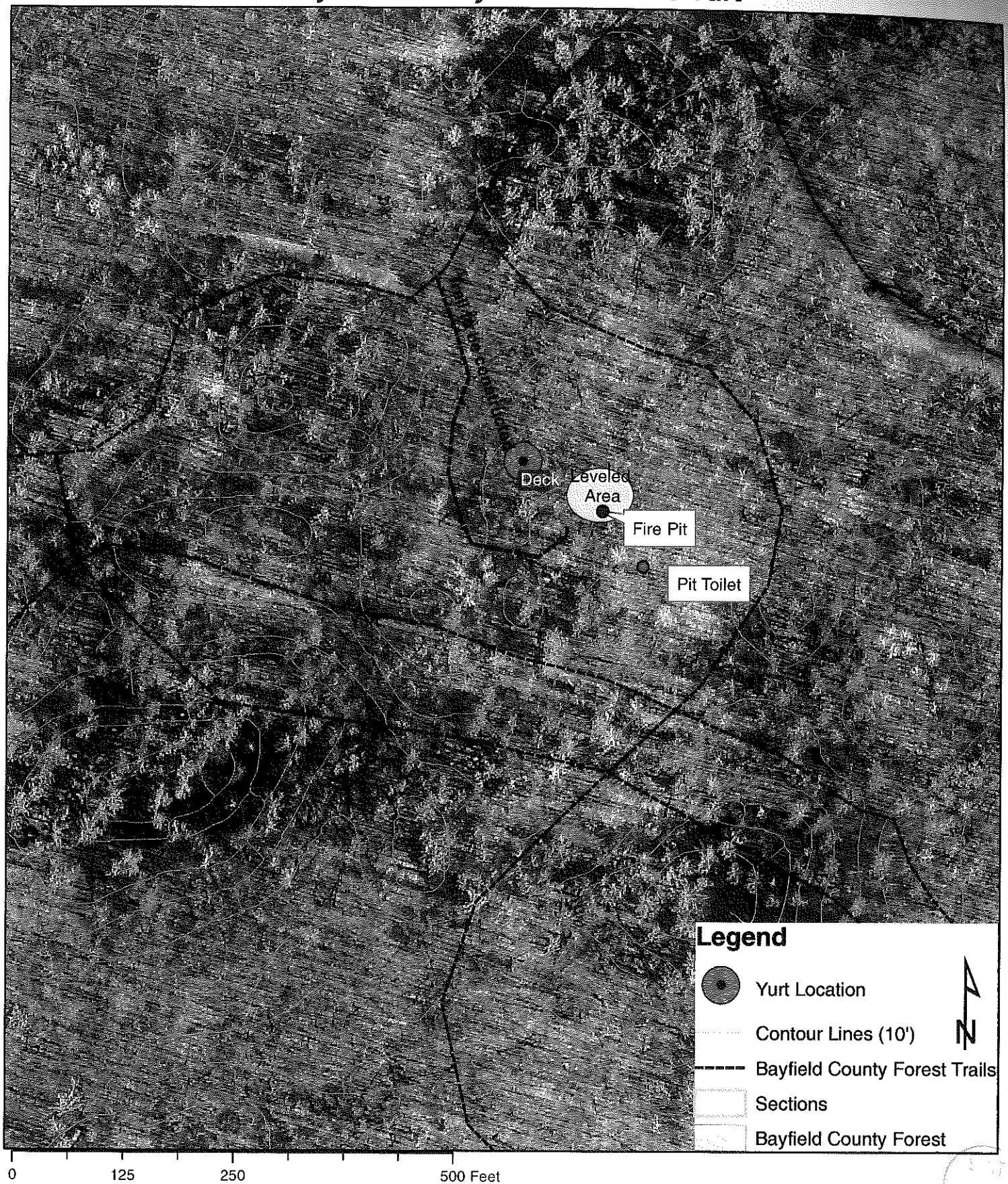
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0126		Permit Date: 6-22-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record / Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: good better -		Zoning District (R1) Lakes Classification ()			
Date of Inspection: 3/3/16	Inspected by: J. Stanley	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.) Must Comply with CUP					
Signature of Inspector: good Stanley				Date of Approval: 4/25/16	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

Appendix 4
Proposed Development Map - Site Detail
Bayfield County Forest - Cable Yurt



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 19 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0131
Date: 16-2-16
Amount Paid: \$450
Refund: 6-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Peter Damson Nangle Trust		P.O. Box 221		Cable, WI 54821		Telephone: 715 739-6304 Cell Phone: 715 730-0791	
Address of Property:		15150 Co Hwy M		City/State/Zip:		Cable, WI 54821		Plumber Phone:	
Contractor:		SGP - Scott Byrd		Contractor Phone:		715 492-4184		Plumber: Andy Rossmo & Sons 715 798-3355	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Michael Fertak		Agent Phone:		715 817-2034		Agent Mailing Address (include City/State/Zip): Iron River, WI 54847	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-		Recorded Document: (i.e. Property Ownership)		Volume _____ Page(s) _____	
Section 16, Township 43 N, Range 7 W		Gov't Lot 1		Lot(s) 1900 11, 16, 7		Vol & Page Cable		Lot Size 19.53	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →		Distance Structure is from Shoreline: _____ feet					

Value at Time of Completion * include donated time & material	\$ 150,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: Sewer	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2				
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3				
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement						
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement						
	<input type="checkbox"/> Foundation						

Existing Structure: (if permit being applied for is relevant to it)	Length: 72	Width: 32	Height: 20
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(45.35 x 32)	1,448
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input checked="" type="checkbox"/>		(45.35 x 32)	1,448
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		(45.35 x 32)	856
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>		(45.35 x 32)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>		(45.35 x 32)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 5-19-16
(if there are Multiple Owners, listed on the Deed, owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Michael Fertak _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit Scott Byrd, 19720 Pioneer Rd., Cable, WI 54821
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

54821

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attachments

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1000+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	1000+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	60+ Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	300+ Feet	Elevation of Floodplain	NA Feet
Setback from the East Lot Line	300+ Feet		
Setback to Septic Tank or Holding Tank	7 Feet	Setback to Well	30+ Feet
Setback to Drain Field	20+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-1495	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0181		Permit Date: 6-2-16		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)		
Level site, Slab Foundation		Lakes Classification (NA)		
Date of Inspection:	5/26/16	Inspected by:	[Signature]	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
Must get WVC				
Signature of Inspector:		Open Kelly		Date of Approval: 6-1-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

owner: Peter Dennison Nagle Rev Trust

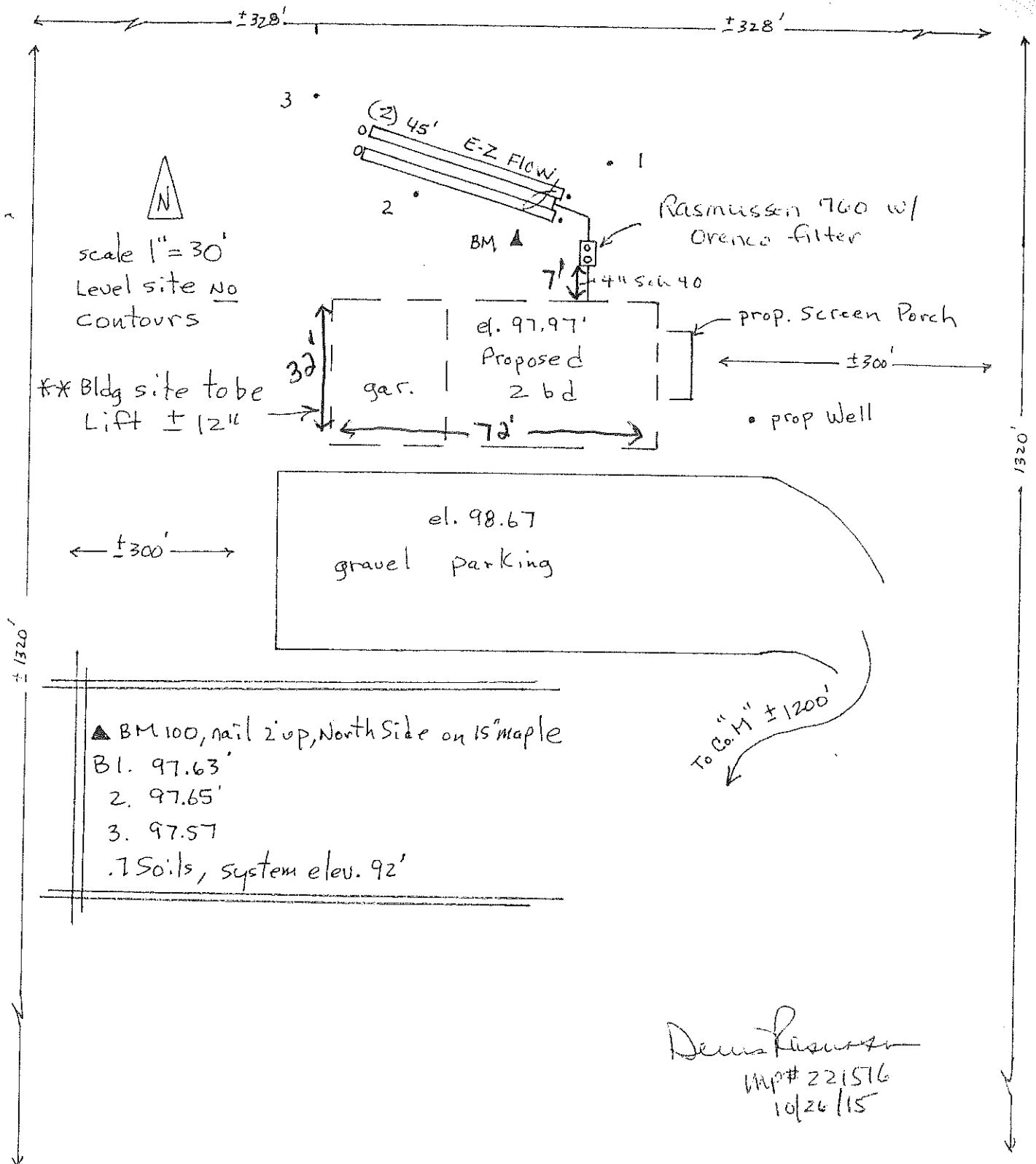
P.O. 221

Cable, WI. 54821

site: 15150 Co. Hwy "M"

Legal: Bayfield Co., Cable Twp

PIN 04-012-2-43-07-16-2 03-000-01000



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Received: MAY 26 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0136
Date: 6-2-16
Amount Paid: \$820
Refund: 6-3-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.I.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Seth W. Clark	Mailing Address: 214 W Main St	City/State/Zip: Ashland, WI: 54806	Telephone: 715 682-2711
Address of Property: 47185 Twin Pines Lane	City/State/Zip: Cable, WI: 54821		Cell Phone: 715-209 6401
Contractor: Self - owner	Contractor Phone:	Plumber: Blakean Plumbing	Plumber Phone: 715 682-6050
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-021-2-44-06-24-4 00-161-0400	Recorded Document: (i.e. Property Ownership) Volume 843	Page(s) 392
1/4, 1/4	Gov't Lot	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Dna model Lakes
445			Lot Size 200 x 400
Section 29, Township 44 N, Range 6 W	Town of: Cable		Acreage 2 acres

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 400 feet	Distance Structure is from Shoreline: 180 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes--continue <input checked="" type="checkbox"/> If yes--continue <input type="checkbox"/>				

Value at Time of Completion \$40,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Sewer Dna model Field <input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well
	Existing Structure: (if permit being applied for is relevant to it) Length: 50' Width: 35' Height: 30'					
	Proposed Construction: Length: 14' Width: 14-15' Height: 30'					

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) Sun room		(14 X 14)	196
<input type="checkbox"/> Accessory Building (specify)		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Special Use: (explain)		() X ()	
<input type="checkbox"/> Conditional Use: (explain)		() X ()	
<input type="checkbox"/> Other: (explain)		() X ()	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the debt and accuracy of information given and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 5/26/16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

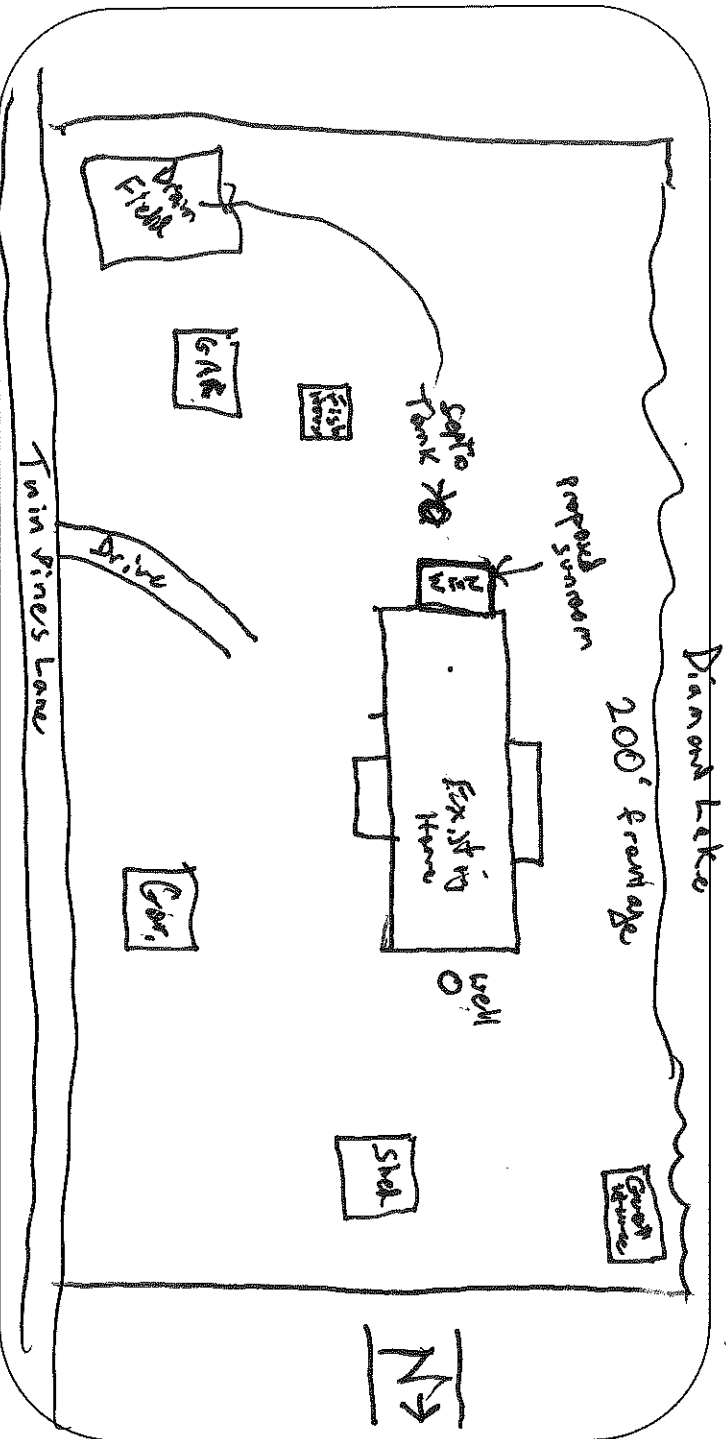
Authorized Agent: [Signature] Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: [Signature] Date 5/26/16
See Attached and UDC DIA Form val: 8/13/2016
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Feet	Setback from the Lake (ordinary high-water mark)	120 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	120 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	8' Feet
Setback to Drain Field	150' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 405343	# of bedrooms: 4	Sanitary Date: 10/20/04
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-01240	Permit Date: 6-3-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Inspection Record: OK-				
Date of Inspection: 5-25-16	Inspected by: J. Gentry	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: J. Gentry				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Fees x2. ATR

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAR 22 2016

Permit #: 16-0142
Date: 6-7-16
Amount Paid: \$500
Refund: 16-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		American Builders SW Foundation		P.O. Box 911		Hydrex, WI 54843		715.634.5025		Telephone:		715.634.5025		Cell Phone:	
Address of Property:		14875 McNaught Road		Cty/State/Zip:		Cable, WI 54821		Contractor Phone:		Plumber:		Plumber Phone:		715.798.3335	
Contractor:		ABGF		Agent Phone:		716.634.5025		Rasmussen P169.		Agent Mailing Address (include City/State/Zip):		Plumber:		715.798.3335	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Plumber:		715.798.3335	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-012-2-43-07-20-1 014-005-30000		Recorded Document: (i.e. Property Ownership) Volume 11		Page(s) 255							
SW 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 20, Township 43 N, Range 07 W		Town of:		Cable											
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$40,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 20'	Height: 24'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		() X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X)	
<input type="checkbox"/> with Loft		() X)	
<input type="checkbox"/> with a Porch		() X)	
<input type="checkbox"/> with (2 nd) Porch		() X)	
<input type="checkbox"/> with a Deck		() X)	
<input type="checkbox"/> with (2 nd) Deck		() X)	
<input checked="" type="checkbox"/> with Attached Garage		() X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)		() X)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X)	
<input type="checkbox"/> Addition/Alteration (specify) _____		() X)	
<input type="checkbox"/> Accessory Building (specify) _____		() X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X)	
<input checked="" type="checkbox"/> Special Use: (explain) Trail Head warming hut		(20 x 24)	480
<input type="checkbox"/> Conditional Use: (explain) _____		() X)	
<input type="checkbox"/> Other: (explain) _____		() X)	

FALL USE: TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date 3/10/16
(If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: [Signature] Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): (*) **Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on your Property**
(5) Show: (*) **Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): (*) **Wetlands; or (*) Slopes over 20%**

*** SEE ATTACHED**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	— Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	~ 200 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	~ 200 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	4,000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	~ 800 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	20 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 16-143	# of bedrooms:	Sanitary Date: 4-19-16
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-0142	Permit Date: 6-7-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:	Zoning District (R2S)			
steriles w/o permit	Lakes Classification ()			
Date of Inspection: 4-2-16	Inspected by: grrah	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: grrah		Date of Approval: 6/6/16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY MAP OF SURVEY

THIS IS A SURVEY OF LANDS TO BE PURCHASED OR CONVEYED EASEMENT RIGHTS.

LOCATED IN SECTIONS 20 & 21 - T43N - R07W, TOWN OF CABLE, BAYFIELD COUNTY, WISCONSIN.

RECEIVED
MAR 22 2016
Bayfield Co. Zoning Dept.

BEARINGS ARE REFERENCED TO THE NORTH LINE OF THE
BAYFIELD COUNTY GRID, FROM "HARRY" (MAD SE2021)
BAYFIELD COUNTY GRID, FROM "HARRY" (MAD SE2021)

SURVEYOR'S CERTIFICATE

I, TODD C. SPIND, A PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN,
HEREBY CERTIFY THAT THIS MAP IS A CORRECT REPRESENTATION OF THE LAND
NUMBERED AND THE AVERAGE THEREOF, IN ACCORDANCE WITH CHAPTER A.F. 7 OF THE
WISCONSIN STATUTES UNDER THE DIRECTION OF A.B.S.F.

TODD C. SPIND
PROFESSIONAL LAND SURVEYOR
WISCONSIN #10153
JULY 10TH, 2015

Point North
SURVEYING & CONSULTING, LLC
1000 W. WISCONSIN AVE., SUITE 200
MILWAUKEE, WISCONSIN 53233
TEL: 414.361.1111
WWW.POINTNORTHSURVEYING.COM

CLIENT: ABSF
SCALE: 1 INCH = 300'
DATE: 7/28/2015
FILE: telemark road survey.dwg

SHEET 1 OF 1 SHEET

